PTO/SB/06 (12-04) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(N), (7), or (m)) EXAMINATION FEE (37 CFR 1.16(a), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1)) minus 20 = OR INDEPENDENT GLAIMS (37 CFR 1.18(h)) minus 3 = × . If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(1)) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Cotumn 2) (Column 1) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADDI-PREVIOUSLY EXTRA **AFTER** TIONAL FEE (\$) TIONAL MENDMENT PAID FOR FEE (\$) 面 Total Minus (27 CFR 1.168)) OR ğ Minus × OR ົພ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) മ ADDI-RATE (\$) ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) W Total Minus (37 CFR 1.16()) OR Independent (37 CFR 1.16(h)) Minus Ė OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) OR TOTAL OR ADD1 FFF ADD'L FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "flighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "flighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "flighest Number Previously Paid For" [Notal or independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPYO) to process) an application. Confidentiality is governed by 35-U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete on its grathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on its amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Indemnt Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450. Alexandria, VA 22313-1450. ADD45SS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

YO R 920030635051(173/3)

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			31			-	7	RATE	FEE	ם ד	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEI		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			ろ/ minus 20=		• //		1	XS 9=		OR	70.0	198
INDEPENDENT CLAIMS			2 minus 3 =		0]	X43=		OR	- V00	0
MULTIPLE DEPENDENT CLAIM PRESENT]	+145=		OR	+290=	0
* If the difference in column 1 is less than zero, enter "0" in col						column 2	Ł	TOTAL		OR	L	968
CLAIMS AS AMENDED - PART II										3	OTHER	THAN
(Column 1)				(Colum		(Column 3) SMAL			ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		2	l L	X\$ 9=		OR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290≈	
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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			Vinus	***		<u>.</u> .	\vdash			OR		
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71	e "Highest Numb	per Previously Paid	For (Total or I	ndependent	is the f	o, enter 3." highest number			ppriate box			